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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/848,721 RECEIVED Filing Date 5/2/2001 CENTRAL FAX CENTER TRANSMITTAL First Named Inventor Jason McCartney **FORM** AUG 0 1 2005 Group Art Unit 2142 (to be used for all correspondence after initial filing) Examiner Name YEMANE M GEREZGIHER Attorney Docket Number MS1.0904US 24 Total Number of Pages In This Submission ENCLOSURES (check all that apply) After Allowance Communication 冈 Drawing(s) Fee Transmittal Form to Group Licensing-related Papers Fee Attached Appeal Communication to Board of Appeals and Interferences 冈 Amendment / Reply Petition to Convert to a Appeal Communication to Group Provisional Application After Final (Appeal Notice, Brief, Reply Brief) Power of Attorney, Revocation Affidavits/declaration(\$) Proprietary Information Change of Correspondence Extension of Time Request Status Letter Address Express Abandonment Request Other Enclosure(s) (please Terminal Disclaimer Identify below): Information Disclosure Statement Request for Refund Certified Copy of Priority CD, Number of CD(s) **Documents** Response to Missing Parts/ Incomplete Application Remarks Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm David A. Morasch/Reg. No. 42905 Individual Name Signature Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Rebekah Glass

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U.S. Patern And Trademark Office; U.S. DEPARTMENT OF COMMERCE Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/848,721 Application Number RECEIV **TRANSMI** 5/2/2001 Filing Date CENTRAL FAX DENTER Jason McCartney For FY 2005 First Named Inventor YEMANE M GEREZGIHERALIG **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Linit 0904US MS1 TOTAL AMOUNT OF PAYMENT (\$) 0.00Attorney Docket No. METHOD OF PAYMENT (check all that apply) JMoncy Order None Other (please identify): Credit Card Check Lee & Hayes, PLLC 12-0769 Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) Indicated below Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2938. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$1 Fee (\$) Application Type Fee (\$) Fep (5) Fee (\$) Fee (\$) 300 150 500 250 200 100 Utility 130 65 200 100 100 50 Design 200 300 160 80 100 150 Plant 500 250 600 300 300 150 Reissue ٥ 200 0 0 Provisional 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) <u>Fee Description</u> 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Fee Pald (\$) Fee (\$) - 20 or HP = 50 HP = highest number of total claims pold for, if greater than 20 Extra Claime Fee (\$) Fee Paid (\$) Indep. Claims 200 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Number of each additional 50 or fraction thereof Foo (\$) **Total Sheets** Extra Sheets (round up to a whole number) x **150 =** - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY Registration No. 42905 Telephona (509) 324-9256 Signature (Attorney/Agent) Date

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Name (Print/Type)| David A. Morasch

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